Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, January 20, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Directors Wayne M. Lerner, DPH, LFACHE and Erica E. Marsh, MD, MSCI (3)

Board Chairman M. Hill Hammock (ex-officio) and Director Emilie N. Junge

Mr. Patrick T. Driscoll, Jr. and Patricia Merryweather (non-Director Members)

Absent: None (0)

Additional attendees and/or presenters were:

Rose Baez – Department of Quality and Patient Safety
Krishna Das, MD – System Chief Quality Officer
Anwer Hussain, MD – Provident Hospital of Cook County
Randolph Johnston – System Associate General Counsel
Elizabeth Reidy – General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD –Chief Executive Officer

II. Public Speakers

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from System Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. Krishna Das, System Chief Quality Officer, provided an update on the recent survey by The Joint Commission (TJC) at Provident Hospital of Cook County. The survey, which took place in November, resulted in a series of requirements for improvement, some of which were considered Centers for Medicare and Medicaid Services (CMS)-level citations. Staff have had a month to implement corrective actions; Dr. Das was happy to report that essentially all of the life safety issues have been corrected at Provident. They were re-surveyed by a life safety surveyor on December 30th. They found that Provident was in complete compliance with all of the life safety issues identified at the CMS level; they have received a release from TJC on those. The other deficiencies are being addressed; staff will have a final letter to submit to TJC this week. There is a four (4) month surveillance period; following that, Provident should receive its final accreditation.

Dr. Das stated that, as of March 3rd, the six-month survey window will open for TJC's Primary Care Medical Home (PCMH) survey for the Ambulatory Care Health Network of Cook County (ACHN). Because this is the initial PCMH survey, only one clinic will be surveyed - as long as there is a commitment that, by the time of the next ACHN accreditation survey, all of the clinics will be ready for PCMH certification. Prieto Clinic has been chosen as the clinic to be surveyed.

Dr. Das and Rose Baez, Director of Quality and Patient Safety at John H. Stroger, Jr. Hospital of Cook County, reviewed a presentation relating to updates to the Stroger Hospital Patient Safety Plan. The action item related to the proposed changes is included under Section IV.A. The Committee reviewed and discussed the information.

III. Report from System Chief Quality Officer (continued)

B. Stroger Hospital Patient Safety Plan Update 2015: A Commitment to Patient Safety (see related action item under Section IV.A.) (Attachment #1)

The Committee discussed the subject of global trigger tools, as referenced in the materials. Global trigger tools are clinical screening tools, applied both manually and electronically, which can proactively identify adverse events that may have occurred. Dr. John Jay Shannon, Chief Executive Officer, provided additional information. He stated that, for example, the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators are based on coding, which is based on documentation. One advantage to using this is that, with every discharge, the System electronically sends in a million codes; this is cheap and easy to produce, but it does not measure with a lot of precision. The hospital voluntary reporting system has the advantage of being voluntary (which can be an inhibitor), but is based on a human being taking the time to enter it into the patient reporting system. As it stands today, global trigger tools are expensive, labor intensive, and involve human beings manually going through a chart and finding that someone did something to counteract something that happened; however, this is the approach that is espoused to be the gold standard, particularly if an organization is trying to see progress over time.

Ms. Baez indicated that, although they will continue to use the event reporting system and will continue to look at patient safety indicators, the administration wants to take a more pro-active approach by implementing trigger tools in some areas, in a limited fashion to start. For example, when it comes to medication safety, they would like to put surveillance tools in the electronic medical records system to identify potential concerns with medication errors.

Director Lerner clarified that the plan is that this is only an incremental start at potentially implementing global triggers tools across the System; Dr. Shannon responded affirmatively. In response to a question from Board Chairman Hammock regarding what would be implemented this fiscal year, Dr. Das stated that the goal is not to implement the full global trigger tool, due to a lot of limitations, but to use it specifically for medication safety as the first step. The medication safety trigger tool is a little easier to implement; they will be implementing it this year.

Director Lerner noted that there are two aspects of real value that surround quality and patient safety - one is to ensure a quality environment for patients and staff, and the other, which people do not think about, is the relationship between quality and patient safety to the financial performance of the organization. In an ideal world, there would be some way to link these committees and efforts. He suggested that it may be helpful to have graduate students partner with the Quality Department on the medication error initiative. The students could be engaged as some labor for what might be a publishable study for them in their graduate work.

During the discussion of the information on slide 23, regarding weekly safety briefings, it was noted that these briefings are held hospital-wide and are not held on individual units. Director Marsh inquired whether there was a plan to have unit-based briefings. She stated that, while most events occur across multiple work flows in a hospital, there are also events that may be unique to a given unit. Dr. Das stated that these rounds are really designed to build awareness of safety events; they are not meant to be analytic, they are to ensure that all departments in the hospital are aware of safety events. At the unit level, many of them have a combination of in-unit reporting and Quality Department efforts to foster a comprehensive unit-based safety program that looks at specific outcomes, such as falls or pressure ulcers.

Board Chairman Hammock noted that, if the administration is trying to change the culture, that change is going to happen at the unit level, not at the senior level. He urged the administration to make one of the goals for this fiscal year to create two or three unit safety discussions and let them start to learn. Director Marsh stated that, ultimately the goal is to prevent safety events and not have to respond to them. There is a

III. Report from System Chief Quality Officer

B. Stroger Hospital Patient Safety Plan Update 2015 (continued)

strong benefit of a unit-based briefing; she suggested that they may want to create a pilot based on that. Director Junge added that there is a huge base of experience in unit-based team safety in partnership systems such as Kaiser Permanente; she urged staff to look at those models.

IV. Action Items

A. Proposed Amendments to the Stroger Hospital Patient Safety Plan (Attachment #2)

Discussion of this matter took place during the review of the presentation under Section III.B.

Director Lerner, seconded by Director Marsh, moved to approve the proposed Amendments to the Stroger Hospital Patient Safety Plan. THE MOTION CARRIED UNANIMOUSLY.

B. Minutes of the Quality and Patient Safety Committee Meeting, December 9, 2014

Director Lerner, seconded by Chairman Gugenheim, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of December 9, 2014. THE MOTION CARRIED UNANIMOUSLY.

C. **Medical Staff Appointments/Re-appointments/Changes (Attachment #3)

Director Lerner, seconded by Director Marsh, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Reports from the Medical Staff Executive Committees
i. Provident Hospital of Cook County
ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Anwer Hussain, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, presented his report. He stated that a couple of issues have come up at the Medical Executive Meetings that are chronic complaints. One issue is that the medical staff feel that there is a disconnect somewhere between human resources and what they do as clinicians; they say that it takes many months to hire someone.

Additionally, Dr. Hussain stated that they find parking for staff and patients at the Stroger Campus to be an issue. When they ask their patients to go to Stroger Hospital to have a procedure done, it is a whole day affair; many patients will elect to not go because of the hassle, including finding parking.

V. Recommendations, Discussion/Information Items

A. Reports from the Medical Staff Executive Committees (continued)

Dr. Shannon stated that, with regard to the timeliness of hires, this is an ongoing challenge; the Human Resources Committee is aware of this. He added that medical staff hiring has some unique features to it; they are working through this issue with the employment plan officer to bring modifications to the physician hiring process. With regard to issues relating to the patient experience, dwell time and parking are at the top of the list for the Campus; this will also be part of the discussion for the Central Campus Redevelopment.

Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, was not present due to a work-related conflict.

Director Lerner presented two items for potential discussion going forward. First, he would like to receive a report at a future meeting on the following - what would it mean if CCHHS were to become a Magnet organization? Secondly, he stated that the Committee could benefit from a short presentation on Baldridge standards. He was not aware of whether other members of America's Essential Hospitals are Baldridge Award winners. To be considered for the Baldridge Award requires a tremendous amount of effort; there have been a series of articles recently that have talked about the fact that TJC and others are looking at Baldridge standards to possibly meld together with their previous competencies[1].

VI. Closed Meeting Items

A. Medical Staff Appointments/Re-appointments/Changes
B. Litigation Matter(s)

The Committee did not recess the open meeting and convene in a closed meeting.

VII. Adjourn

Director Lerner, seconded by Director Marsh, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY and the meeting adjourned.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chairman

Attest:

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Deborah Santana, Secretary

[1] Follow-up: request for report/discussion for future meeting on 1) Magnet organization; and 2) Baldridge Award/standards. Page 4.